

murder) and suicide to supply for the failure of argument to deliver desired conclusions. It would be difficult to dismiss this criticism as evidence of a minor lapse of critical attention rather than of wilful misreading. But whatever the explanation, the consequence is that there is nothing to be learned from Downie's remarks.

The present writer had hoped that he might learn from your reviewer. Some philosophical critics have helped me to see that I can no longer write about some of the questions the papers address in quite the way I did three years ago (for those papers had a single author – they were not the product of a committee!). It is possible that the conciseness of the papers in certain of their parts is calculated to thwart critical engagement with their argument. If this is frustrating to a reviewer he needs to recognise that they profess to be no more than discussion documents and refer to sources in which arguments are developed at greater length. Discussion and counter-argument are expected. But it is neither a counter-argument nor honourable practice to impute dishonesty to those for whom one lacks sympathy. It is clear that Downie is quite out of sympathy with the papers he is reviewing. But he conspicuously fails to make out the criticisms he levels against them, and in particular the grave one with which he ends.

In the absence of evidence, Professor Downie's allegation that the papers are guilty of special pleading is gratuitous. But even if the burden of his complaint against the papers was just, that in itself would hardly serve to make a general case against casuistry. The casuist is in the business of exploring the implications of general principles for particular cases. As such he may take principles for granted. (The papers do not and so engage in more than casuistry.) If the limitations of this exercise are acknowledged it can be both honest and valuable. Downie's criticism of the genre reduces to stipulative definition and prejudice.

The *Journal of medical ethics* aspires, I take it, to be a forum for the critical and disciplined development in the United Kingdom of that congeries of inquiries that is known as 'bioethics' in North America. I am told that in a number of the more reputable university departments of philosophy in the USA and Canada bioethics has acquired the reputation

of being a 'soft option': slipshod thinking and ideological prejudice are felt to be masquerading as philosophical criticism. I hope Professor Downie's response to The Linacre Centre Papers is no more than an unfortunate lapse from the standards you wish to uphold rather than being symptomatic of your succumbing to the malaise some think endemic to bioethics.

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Professor Downie replies

SIR

Luke Gormally, whose authorship of the anonymously published Linacre Centre Papers emerges somewhat coyly in a parenthesis in his letter, imputes to my review prejudice and animus as well as invalid criticisms. In reply to the charge of prejudice and animus I must remind him that a substantial part of my review was simply a description of the Linacre Centre and its aims as identified on the covers of the pamphlets, and that I praised the pamphlets for making a genuine effort to show the relevance of philosophical positions to concrete medical cases.

My first critical comment – concerning a possible inconsistency in Gormally's interpretation of the 'respect for human life' principle – is rejected by him on the grounds that I failed to distinguish between a capacity and its exercise. The relevant point here, however, is that someone with severe brain damage (say) not only cannot exercise his capacity for mental activity; he no longer *has* that capacity. It follows *a fortiori* that he would lack a 'capacity for flourishing,' and would in fact exist only as a human vegetable. Lorber seems to me to be plausible on this, and Gormally inconsistent.

The second inconsistency I noted was between the anti-utilitarian arguments of Paper 1, and the apparent use of utilitarian considerations in Paper 3. Gormally thinks (his para 4 *supra*) that it is possible to weigh up factors such as the 'risk/benefit ratio of treatment' without 'covert assumptions about the commensurability of basic goods or, in particular, about the possibility of measuring the value of a human life'. I do not think that a doctor needs to be committed to

'measuring the value of a human life' in any absolute sense, but I do not see how he can value one life *against another*, or consider the risk/benefit ratio of treatment, without making assumptions about the commensurability of basic goods, or, for such purposes at least, accepting some sort of utilitarian calculus.

My third critical comment was on the whole enterprise of casuistry. Gormally is correct here; the case for and against casuistry needs much more discussion than I could give it in a review. In my brief discussion of casuistry however I did commend the virtue of intellectual honesty which I think casuistry tends to undermine. Gormally took me to be imputing dishonesty to him personally. I am sorry his mistaken interpretation has resulted in such an intemperate reply. Perhaps I could put my point in words which must be more acceptable to him since I cull them from his own last paragraph. What I objected to in his Papers was 'slipshod thinking and ideological prejudice . . . masquerading as philosophical' thinking.

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Editor's note

Readers must decide for themselves the relative merits of the cases presented by Luke Gormally and Robin Downie. The *Journal's* function is to publish reasoned discussion concerning medical ethics and our reviews of books and pamphlets in the field are part of such discussion. Personal attacks are almost never appropriate to philosophical discussion and Professor Downie has made it clear that none was intended. On the other hand he makes no bones about attacking what he regards as philosophically poor argument. Gormally responds in kind and Downie replies. Criticisms and counter-criticisms are part of the lifeblood of philosophical discussion and we welcome both. Arguments, good and bad, must be tested against counter-arguments. Eventually the bad arguments are rejected, the good survive. One of the fruitful aspects of an interdisciplinary journal is that the same issues are approached from very different bases. Even when the resulting clashes illuminate primarily by reason sometimes other sparks fly up as well. Out of all may truth – well tempered truth! – emerge.